



132 PARTLO STREET  
GARNER, NC 27529

Telephone (919) 229-8840  
Fax (888) 502-7306

### SELLER CHECKLIST

**Property Address:** \_\_\_\_\_

**Seller(s) Name(s):** \_\_\_\_\_

**Seller(s) SSN:** \_\_\_\_\_

**Seller(s) Contact Information:**

Home Phone: \_\_\_\_\_

Cell or Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

**Seller(s) Marital Status:** \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow(er)

**Spouse Name:** \_\_\_\_\_

Will one/both seller(s) be at closing? \_\_\_ Yes \_\_\_ No

Will you need a Power of Attorney? \_\_\_ Yes \_\_\_ No

Is this property part of an Estate? \_\_\_ Yes\* \_\_\_ No

\*If yes, please provide Estate documents and/or Estate file number\*

Is this property being sold by a Trust? \_\_\_ Yes\* \_\_\_ No

\*If yes, please provide Trust documents\*

**Seller(s) Agent:** \_\_\_\_\_

Real Estate Office: \_\_\_\_\_

Is there a Real Estate Co. document or processing fee? \_\_\_ Yes \_\_\_ No

If Yes, how much? \_\_\_\_\_

**Commission Split:** \_\_\_\_\_ % to LISTING Company \_\_\_\_\_ % to SELLING Company

Homeowner's Association/Management Company: \_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Prior Title Insurance Policy** is with: \_\_\_\_\_

**Is there a manufactured home on the property?**      \_\_\_\_\_ yes \_\_\_\_\_ no

If Yes,    Do you have a title to the home?      \_\_\_\_\_ yes \_\_\_\_\_ no  
              Has title been surrendered to DMV?      \_\_\_\_\_ yes \_\_\_\_\_ no

Make of home: \_\_\_\_\_  
Year of home: \_\_\_\_\_  
VIN # of home: \_\_\_\_\_

Would you like us to prepare your Deed and Lien Waiver (\$175)?      \_\_\_ Yes \_\_\_ No

How would the Seller(s) like the proceeds? \_\_\_ Mailed \_\_\_ Picked Up \_\_\_ Wired\* (\$35fee)

\*If the sellers would like their proceeds wired, please send in a copy of a voided check or bring one to closing. We no longer accept wiring instructions via email.



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WIRE AUTHORIZATION

I/We request that Trinity M. Henderson, Attorney, wire any funds due to me resulting from the upcoming real estate transaction. I/We agree as follows

I agree to pay a wire fee of **\$35.00** for each wire.

I want the wire to go to the following account:

Bank Name: \_\_\_\_\_

Names on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

No funds may be disbursed until th deed and deed of trust are recorded with the county register of deeds office.

We make every effort to record on the day of closing; however, it could take up to 24 hours for the wire to be processed.

A copy of voided check must be attached.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Seller(s)**

\_\_\_\_\_ Signature

\_\_\_\_\_ Signature

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Phone Number



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AUTHORIZATION TO RELEASE LOAN INFORMATION

To Whom It May Concern:

You are hereby authorized to give Trinity M. Henderson, Attorney, or his representatives, information for the below reference account related to the property listed below.

I understand that I am releasing my info so Trinity M Henderson , Attorney, can administer and process my real estate transaction.

Further, if this loan is an equity line of credit, I hereby direct you to **freeze** the account from further disbursements and to **close** the account upon payment in full.

Lender Name and Phone Number: \_\_\_\_\_

\_\_\_\_\_

Account Number(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Payoff Good Through: \_\_\_\_\_

Transaction Type: [ ] Sale or [ ] Refinance

THIS AUTHORIZATION MUST BE AN INK SIGNATURE, DO NOT ELECTRONICALLY SIGN

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

\*ATTN LENDER: PLEASE FAX BACK TO FIRM AT 888-502-7306\*